

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/		/			51				
2	/		/		/			52				
3	/		/		/			53				
4	/		/		/			54				
5	/		/		/			55				
6	2		2		2			56				
7	2		2		2			57				
8	2		2		2			58				
9	2		2		2			59				
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12	2		2		2			62				
13	2		2		2			63				
14	2		2		2			64				
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44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.			2					TOTAL IND.				
TOTAL DEP.			13					TOTAL DEP.				
TOTAL CLAIMS			15					TOTAL CLAIMS				